Saskatchewan
Cancer Agency

Annual Report 2006-07

TREATMENT

RESEARCH

PREVENTION

EDUCATION

EARLY DETECTION

SUPPORTIVE CARE

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In the front cover photo from left to right are the following employees from the Allan Blair Cancer Centre in Regina:

- Craig Beckett, Physicist
- Laurie Edmunds, Patient Access Coordinator
- Dr. Monica Behl, Radiation Oncologist
- Darryl Boehm, Senior Pharmacist

Front cover photo courtesy of Terry Chevalier, Leader Post

LETTER OF TRANSMITTAL

The Honourable Len Taylor
Minister of Health

The Honourable Graham Addley
Minister of Healthy Living Services

Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Taylor and Minister Addley:

I have the honour to submit the report of the activities of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2007.

Respectfully submitted,

Jon Schubert
Chairperson

WHO WE ARE

Legislation

The Saskatchewan Cancer Agency is guided by the mandate set out in *The Cancer Agency Act* and is committed to the provision of quality care and cancer control for the province of Saskatchewan. *The Cancer Agency Act* replaces the previous *The Cancer Foundation Act* as the new legislative authority for the Agency. This new legislation governing the Agency was proclaimed on January 2, 2007.

Many of the newer administrative and financial accountability requirements which regulate regional health authorities (RHAs) are also applied to the Agency through legislative amendments to *The Regional Health Services Act*.

Programs and Services

The Agency provides vital cancer treatment for men, women and children at the Allan Blair Cancer Centre in Regina, the Saskatoon Cancer Centre, as well as in partnership with ten health regions in sixteen community oncology centres throughout the province.

The Agency has world-class scientists, physicians and other cancer care specialists who conduct groundbreaking research leading to better treatment and prevention, including biomedical research to understand how cancer develops and how to treat it, and clinical trials to test new and promising treatments.

The Agency's Screening Program for Breast Cancer screens approximately 37,000 women a year across the province. Cervical cancer is 95% preventable; the Agency's Prevention Program for Cervical Cancer educates and encourages women to have regular Pap tests.

Patients with aggressive or advanced hematological cancers (of the blood and circulatory system) receive treatment and assessment through the Provincial Department of Malignant Hematology.

Patients receive comfort through consultation, education and emotional support programs and services offered by the Agency.

The Regina and Saskatoon cancer patient lodges provide a warm, home-like environment for out-of-town patients.

Organizational Structure

In July 2006, a new organizational structure was unveiled for the Agency. The structure was built on the principles and recommendations outlined in the Agency's operational review and moves the Agency to a provincial program model with clearly-defined leadership accountability for all major programs. See the new organizational chart on page 5 of this report.

MISSION

To deliver effective and sustainable research, education, prevention, early detection, treatment, and supportive care programs for the control of cancer in Saskatchewan.

VISION

Excellence in patient care and cancer control.

VALUES [1]

Patient/family-driven focus - We strive to understand the needs of those we serve and to continuously improve our processes in response to those needs.

Holistic focus - We focus on the whole person addressing their physical, emotional, mental, social, spiritual and intellectual aspects of being.

Respect for people - We treat all people with respect and give them the opportunity to be involved. This applies to patients, staff, clients, the general public and our colleagues in the cancer control field.

Openness and trust - We listen and learn from each other in an open and trusting manner. We share information and knowledge with patients, clients, staff, the public and our colleagues.

Interdisciplinary approach - We focus on achieving our mission and vision by examining all points of view and welcoming all contributions of knowledge and insight.

Continuous learning and improvement - We continuously work to improve on everything we do and to deepen our understanding of our work and the conditions that affect it.

Collegiality and teamwork - We foster institutional pride and commitment, recognizing the contribution of our colleagues throughout the Agency. Our staff enjoy a working environment that is motivating, rewarding, collegial and characterized by teamwork.

Support for individual development - We evaluate what we do, focusing on outcomes and data-driven continuous improvement.

A spirit of inquiry - We value creativity, innovation, adaptability and critical inquiry because continuous improvement, a rewarding work environment, breakthrough in research and quality care depends on them.

Maintain a balance - We are committed to an effective balance between service, workload, academic activity and a commitment to the equitable distribution of resources.

Effective planning - We are committed to effective planning for the system as a whole and to effective decisions regarding the planning of the use of resources for our programs and services.

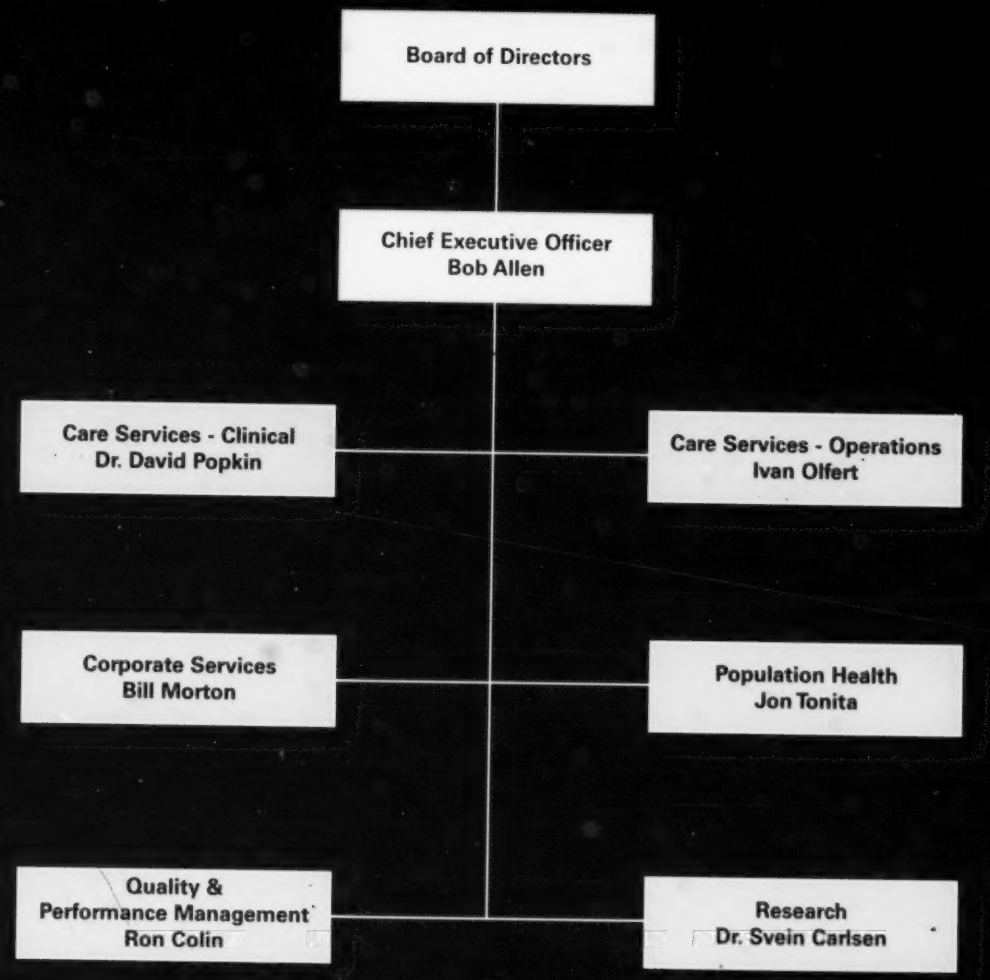
Collaboration with partners - We commit to working effectively with our partners provincially, nationally and internationally to achieve our mutual goals.

The vision, mission and values of the Saskatchewan Cancer Agency support the Performance Plan produced by Saskatchewan Health, which contains a provincial vision - *building a province of healthy people and healthy communities* - and a common set of four goals and objectives for the health system:

- Improved access to quality health services
- Effective health promotion and disease prevention
- Retain, recruit and train health providers
- A sustainable, efficient, acccuntable, quality health system

[1] These values were adapted from the values articulated by the BC Cancer Agency based on a national framework.

ORGANIZATIONAL CHART



The Saskatchewan Cancer Agency's Senior Leadership Team from left to right are Bill Morton, Ron Colin, Dr. Svein Carlsen, Bob Allen, Dr. David Popkin, Ivan Olfert and Jon Tonita.

IMPACT OF PROVINCIAL DEMOGRAPHICS ON CANCER SERVICES [1]

In 2006, the population of Saskatchewan, defined as the number of residents eligible for health services, was 1,003,231. These people are referred to as the "covered population" (based on eligibility for health insurance benefits in Saskatchewan). This population has remained fairly stable over the past 10 years at about one million people. The covered population is expected to decline in future years because of decreasing fertility rates, increasing out-migration and indirectly, due to aging.

Saskatchewan's aging population is due largely to the "baby boomers" (those born between 1945 and 1966). In 1970, over 40% of the Saskatchewan population was under 20 years of age and only 24% (222,442) of the population was 50 years or older (Figure 1). In 2006, the percentage of young people decreased to 27% and the percentage of older people increased to 32%, with now an increasing gap of those under 20 (270,081) and over 50 (320,569).

The age distribution of Saskatchewan is not consistent in all areas of the province. For example, southern rural areas have a higher number of seniors, whereas northern areas have a higher proportion of children. The urban areas of Regina and Saskatoon have a larger percentage of people in their 20s and 30s.

Population projections for 2011 and 2016 (Figure 2) show that the Saskatchewan population will continue to age, with increasing numbers of people over age 50. In 2011, the population 50 and older is predicted to be 345,024. This number is expected to increase to 360,190 in 2016.

With an increasing percentage of residents 50 and older, the number of people with cancer in Saskatchewan will also increase, further straining cancer services.

Figure 1: Saskatchewan Population Past and Present

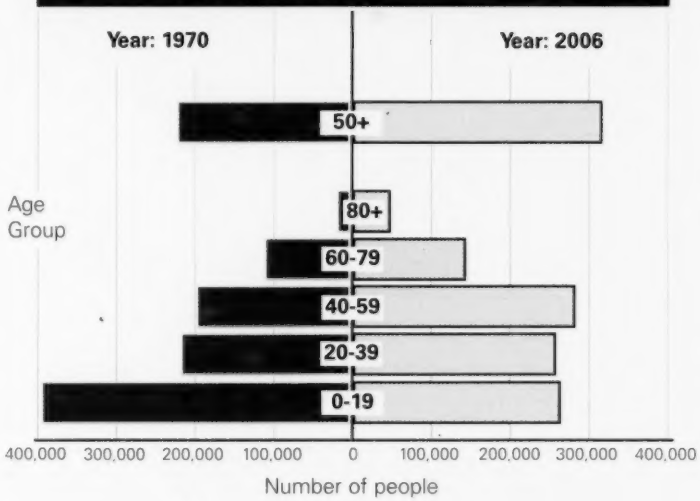
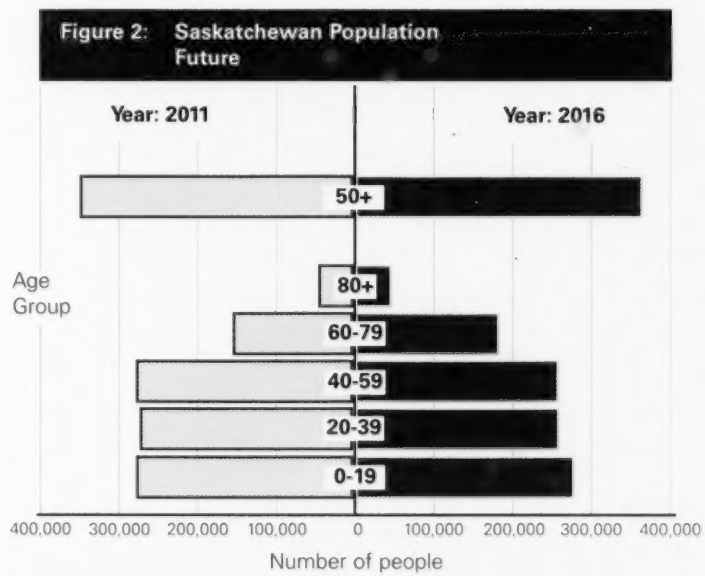


Figure 2: Saskatchewan Population Future



(1) Information on this page taken from the Saskatchewan Cancer Agency publication, *Saskatchewan Cancer Control Report, Profiling Trends in Cancer, 1970-2001*, with updated 2006 population numbers.

2006-07 RESULTS AT A GLANCE

Integration of Action Plan for Saskatchewan Health Care
In December 2001, Saskatchewan Health unveiled *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care.* The action plan is a blueprint for the future of health services in Saskatchewan. Emerging from the action plan were four long-term goals towards achieving a sustainable health system.

Goal One: Improved access to quality health services

- **Supportive Care Pilot Project**
  In 2006-07, a pilot project was approved in which patient access coordinator positions were established to improve support for cancer patients who have been referred to the Agency for care. The pilot was very successful in meeting the objective of reducing anxiety, improving patient and family access to education, information and resources and providing assistance with navigation through the cancer system.

- **Wait Times Reporting**
  In October 2006, a wait times working group was established to define wait time reporting requirements for primary cancer care stakeholders in order to establish high-quality information required to make informed decisions on how to improve access to cancer services. During the year, the working group defined wait time indicators and measures, analyzed wait time reporting requirements, identified gaps in wait time data and reporting, began to define wait time report content, format, distribution and frequency and commenced setting both short- and long-term goals for wait time data collection, analysis and reporting.

- **Central Support Line**
  A central support line project (or telephone triage program) was initiated at both cancer centres, which has resulted in inquiries being addressed in a more timely manner.

  In February 2007, the Agency implemented the telephone triage program at the Allan Blair Cancer Centre in Regina. This program promotes the provision of safe quality nursing care to patients. The provision of high-quality health advice is based on the process of collecting and interpreting information on the phone, supported by the use of symptom management guidelines in order to provide health information, advice and support to the patient. The telephone triage offers several benefits including creating efficiencies, improving access and providing education and consistent information to patients. In addition, it allows patients the opportunity to ask questions, discuss their symptoms and receive guidance regarding their concerns. Currently, the Allan Blair Cancer Centre is receiving approximately 70 calls per day or 1 phone call every 7 minutes.

- **Review of the Saskatchewan Blood and Marrow Transplant Program - Dedicated Transplant Inpatient Unit Proposal**
  A blood and marrow transplant working group with representatives from key stakeholder groups was formed during the year. As recommended in the review of the Saskatchewan Blood and Marrow Transplant Program, the group developed an inpatient unit proposal for submission to the Saskatchewan Oncology Collaborative. The submission incorporated the needs of the blood and marrow transplant program including dedicated beds, dedicated nursing staff, recommendation for the unit to be located at the Royal University Hospital in Saskatoon, size of the unit and co-dependencies with inpatient and outpatient services.

- **Provincial Oncology Pharmacy Delivery Model**
  The Regina Qu'Appelle Health Region, the Agency, Saskatchewan Health and the Saskatoon Health Region reached agreement on a provincial oncology pharmacy delivery model to support an integrated approach to oncology pharmacy services for the province in order to improve how the services are delivered to the benefit of cancer patients and their families.

- **Radiation Oncology Equipment Enhancements**
  The Agency successfully negotiated the purchase of a linear accelerator for the Allan Blair Cancer Centre, including on-board imaging (OBI) and cone beam CT technology, as well as an OBI and cone beam CT technology upgrade to a linear accelerator at the Saskatoon Cancer Centre.

  One incremental treatment planning workstation was purchased for each cancer centre to support more efficient use of staff time and reduce patients' wait time between consultation and treatment.

- **Recruitment to Medical Oncology**
  The Agency was able to fill all approved medical oncology positions at the Saskatoon Cancer Centre, which led to an immediate improvement in wait times from referral to first appointment and reduced the number of individuals waiting for an appointment with a medical oncologist.

- **Risk Management Project**
  A significant amount of staff time and effort was invested into a risk management project for the Agency and subsequent efforts to develop and implement action plans to reduce risks through initiatives including:
  - A risk assessment which identified and rated potential risks.
  - A risk management plan detailing strategies for high priority risks.
  - A process for maintaining risk management plans.
  - A business continuity plan that includes recovery plans for each of the Agency's seven locations.
  - An information technology disaster recovery plan.
  - Corporate-wide information technology security policies and procedures.

- **Access to New Drug Indications and Technology**
  A pharmacy and therapeutics working group was established to fast-track review, recommendations and implementation of new drug indications or new drugs to be added to the formulary.

  During 2006-07, the Agency approved the extended coverage of the following two cancer drugs:
  - Rituxan Maintenance Therapy which is anticipated to benefit 100 patients with follicular lymphoma annually.
  - Taxotere as FEC-D which is anticipated to benefit 90 patients with breast cancer annually.

  The Agency also approved implementation of the following two cancer drugs:
  - Tarceva which is anticipated to benefit 75 patients with non-small cell lung cancer annually.
  - Thyrogen which is anticipated to help 75 patients annually avoid thyroid withdrawal.

- **Medical Oncology - Clinical Associates**
  The Agency was able to recruit a clinical associate to support the medical oncology unit at the Saskatoon Cancer Centre. The recruitment to this position contributed to improving access times from referral to first treatment in ways such as allowing for an increase in the new patient appointment capacity of the centre.

- **Access Consultant**
  During the course of the year, the Agency worked with a Saskatchewan Health access consultant to review all of the projects and initiatives underway within the Agency to improve access to cancer services and identify opportunities for improvement.

- **Provincial Oncology Education**
  Oncology education was provided by the Agency to cancer service providers within Saskatchewan through opportunities which included four telehealth events, the Agency's annual cancer conference, in-services, undergraduate teaching and clinical practicums.

Goal Two: Effective health promotion and disease prevention

- **Pilot Project for Client Navigation**
  The Screening Program for Breast Cancer was successful in obtaining funding from the Canadian Breast Cancer Foundation to implement a pilot project for client navigation. Two client navigators were hired with this funding. The purpose of the client navigation program is to assist in reducing wait times and anxiety levels of clients by:
  - *Coordinating referrals* - support health care providers by coordinating appointments with primary care providers and diagnostic centres for initial assessment.
  - *Facilitating access for women* - act as a resource for improving timely access to the health care system for breast care (initial assessment and diagnosis).
  - *Providing information and support* - provide information, support services, referrals for additional supports and education resources about breast cancer to women and their families.

Goal Three: Retain, recruit and train health providers

- **Staff Appreciation**
  The Agency demonstrated its appreciation for the contributions our staff make to cancer care delivery through means such as celebrations of individual achievements, staff long service awards luncheons, staff appreciation barbecues and departmental recognition activities (e.g., nurses week).

- **Malignant Hematology**
  As recommended in the review of the blood and marrow transplant program, a provincial leader of malignant hematology with relevant clinical, academic and administrative skills and experience was recruited to ensure that clinical expertise and leadership is available for the broader malignant hematology program and for the blood and marrow transplant program in particular.

  The Agency was able to retain its complement of blood and marrow transplant specialists.

  A tripartite hematology physician recruitment group was established between the College of Medicine, the Saskatoon Health Region and the Agency to support recruitment and retention of hematologists in the Saskatoon area, and provide a forum to discuss and identify opportunities and a system for hematology on-call coverage as recommended in the clinical directional plan.

- **Medical Oncology - Medical Oncologists**
  The Agency was able to achieve the objective of having all approved medical oncologist positions at the Saskatoon Cancer Centre filled.

- **Radiation Oncology - Radiation Oncologists**
  The Agency was able to achieve the objective of having all approved radiation oncologist positions within the Agency filled and recruited including recruitment in advance of anticipated vacancies in 2007-08.

- **Pediatric Oncology - Pediatric Oncologists**
  The Agency was able to achieve the objective of filling all approved pediatric oncologist positions including a newly approved second position for the Allan Blair Cancer Centre.

- **Systemic Therapy and Outpatient Services - Clinic Assistants**
  The Agency was able to successfully recruit clinic assistants to enhance the resources available for scheduling patient appointments, activity-capture reporting and chemotherapy unit and referral centre support.

- **Provincial Leader of Fund Development**
  The Agency recruited a provincial leader of fund development to provide an increased focus on philanthropic fund raising opportunities.

Goal Four: A sustainable, efficient, accountable, quality health system

- **Provincial Program Delivery Model**
  On July 19, 2006, a Care Services Division of the Agency was announced and vice-presidents to this portfolio were appointed. Subsequent to this decision, work commenced to identify a provincial model of care delivery as recommended in the operational review of the Agency. In October 2006, a provincial model of care delivery was finalized, position description development work was started and recruitment to provincial leadership positions began. As of March 31, 2007, 70% of provincial leadership positions were filled on either an interim or permanent basis.

- **Provincial Department of Support and Development**
  A provincial Department of Support and Development was created to provide focus and structure for the creation of a provincial clinical trials program, provincial oncology education program, provincial community development program and to support special projects aimed at improving how cancer services are delivered in the province.

- **Collaboration with Health Quality Council**
  Collaboration with Health Quality Council (HQC) continued with the development of an Agency-funded HQC quality consultant to support breast cancer projects across the continuum of care and a co-sponsored provincial learning event focused on breast cancer in March 2007.

- **Operations Committee with the Saskatoon Health Region**
  Agreement was reached with the Saskatoon Health Region to develop an oncology operations committee as a forum for the Agency and Saskatoon Health Region to discuss operational issues and programming that the organizations agree would benefit from a collaborative, coordinated and integrated approach to planning and operations. The committee is consistent with a committee that has been functioning successfully in Regina for a number of years.

- **Provincial Review of Child and Youth Services**
  The Agency participated in the provincial review of child and youth services through representatives from pediatric oncology. The Senior Leadership Team (SLT) actively participated on working groups and a member of SLT co-chaired one of the working groups.

- **New Financial System**
  The Agency implemented a new financial management system acquired from Momentum Healthware Inc., which includes modules for:
  - general ledger
  - accounts payable
  - accounts receivable
  - materials management
  - fixed asset management

  With implementation of the new financial system, the Agency adopted the provincial MIS chart of accounts.

- **Information Management Strategic Plan**
  During 2006-07, the Agency continued to make significant progress with implementation of an integrated clinical management system, a large and strategic management initiative that will provide an electronic patient record, automated clinical decision tools and enhanced reporting capability. An interface was implemented between the Allan Blair Cancer Centre and the Regina Qu'Appelle Health Region so that more timely pathology reports and laboratory results are received electronically. Significant progress was made toward the development of a system for the tracking and reporting of the times that patients wait for cancer services, so that system improvements in patient access can be made. Other developments include the implementation of new hand-held computer devices, which will provide caregivers easier access to personal, disease and treatment information used in the provision of care and the implementation of a system to assist with the assessment of patients requiring radiation therapy.

2006-07 PERFORMANCE RESULTS

In conjunction with the four strategic goals developed within *The Action Plan for Saskatchewan Health Care*, an accountability document clearly establishes the responsibilities and expectations of the Agency in coordinating cancer care services in the province. From the accountability document, a series of performance management indicators have been developed to provide an evaluation tool to determine if expectations have been met.

This section of the annual report provides the opportunity to demonstrate accountability and communicate progress on the strategic goals as established in the action plan. In addition, it provides information to guide the Agency's priority setting and decision making.

Goal one: Improved access to quality health services

Wait Times Reporting

In October 2006, a wait times working group was established to define wait time reporting requirements for primary cancer care stakeholders. During the year, the working group defined wait time indicators and measures, analyzed wait time reporting requirements, identified gaps in wait time data and reporting, began to define wait time report content, format, distribution and frequency and commenced setting both short- and long-term goals for wait time data collection, analysis and reporting.

The Agency's Senior Leadership Team worked with Saskatchewan Health to establish wait times targets, which are illustrated in the following two tables.

Medical Oncology			
Program-Specific [Cancer Treatment Services] Indicators	**Agency Value**		
	ABCC	**SCC**	**Target**
Median wait time in weeks from the SCA's receipt of a referral to the patient's first appointment with a medical oncologist[1] *2006-07*	4.9 weeks	6.7 weeks	to be determined
Percent of patients seen by a medical oncologist within target timeframe (50% within 4 weeks) *2006-07*	42%	32%	50%
Number of patients waiting for an appointment with a medical oncologist[2] *as at March 31, 2007*	132	112	to be determined
Percent of patients waiting for an appointment with a medical oncologist who have waited more than 12 weeks *2006-07*	11.4%	16.1%	to be determined
Median wait time in weeks from first appointment to start of chemotherapy[3] *2006-07*	2.4 weeks	1.9 weeks	to be determined
Percent of chemotherapy begun within target timeframe (50% within 2 weeks) *2006-07*	45%	58%	50%

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Radiation Oncology			
Program-Specific [Cancer Treatment Services] Indicators	**Agency Value**		
	ABCC	**SCC**	**Target**
Median wait time in weeks from the SCA's receipt of a referral to the patient's first appointment with a radiation oncologist[1] *2006-07*	4 weeks	4.9 weeks	to be determined
Percent of patients seen by a radiation oncologist within target timeframe (50% within 4 weeks) *2006-07*	51%	43%	50%
Number of patients waiting for an appointment with a radiation oncologist[2] *as at March 31, 2007*	76	158	to be determined
Percent of patients waiting for an appointment with a radiation oncologist who have waited more than 12 weeks 2006-07	10.5%	19.6%	to be determined
Median wait time in weeks from first appointment to start of radiation[3] *2006-07*	4 weeks	4.9 weeks	to be determined
Percent of radiation therapy begun within target timeframe (50% within 3 weeks)[4] *2006-07*	40%	30%	50%

Notes to wait times indicator tables:

(1)The wait times from referral to first appointment with an oncologist includes appointments up to 1 month before the referral date (to capture urgent appointments that precede paperwork) and up to 1 year after referral. Records where the appointment is 1 month or more before the referral, or 365 days or more after the referral are assumed to be errors and are excluded.

(2)The number of patients waiting for an appointment with an oncologist is defined as the number of patients on the last day of the quarter whose referral had been received by the Agency and who had not yet had a first appointment with an oncologist. This includes patients who have an appointment booked on a date following the last day of the quarter. For example, a patient who has an appointment scheduled on October 1 is considered to be waiting for an appointment on September 30 (Q2). Records showing a wait of 1 year are assumed to be errors and are excluded.

(3)The wait time from first appointment with an oncologist to the start of treatment includes waits of up to 1 year. Any negative waits are reset to 0 since treatment can never begin before the patient is seen by an oncologist. Records where the first appointment is 365 days or more after the appointment are assumed to be errors and are excluded.

(4)The targets for radiation therapy are longer than for chemotherapy to allow for treatment planning.

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(4)The targets for radiation therapy are longer than for chemotherapy to allow for treatment planning.

Supportive Care Pilot Project
During 2004-05 and 2005-06 approximately 4-5 calls a day were coming to the Psychosocial Oncology Department from patients who were experiencing high anxiety while waiting for an appointment at the Saskatoon Cancer Centre.

Those phone calls were returned with counseling provided for anxiety while waiting, education provided about the referral process and why they were waiting, general information provided regarding their general diagnosis, staging and treatment options and linking them with necessary community resources, among other supportive services.

The need for improved services was recognized due to the additional anxiety that comes with a cancer diagnosis and an increase in people waiting. Further, the Canadian Strategy for Cancer Control has identified pain, suffering and emotional distress as the 6th vital sign. They are suggesting that screening for distress should be an automatic service in every Canadian oncology program.

In 2006-07, a pilot program was established in which patient access coordinators (PACs) were put into place to improve support for cancer patients who have been referred to the Agency with the objective of reducing anxiety, screening for distress, improving patient and family access to education, information and resources and providing assistance with navigating through the cancer system.

PACs telephone every patient within 5 days of being referred to the Agency. Patients referred but who do not need to be seen by an oncologist still receive a phone call so that community services can be offered with advocacy provided by the Agency if required.

Since September 2006, PACs have called approximately 100 patients per week. Of those patients who were called:

- 59% called back for further counseling support and or information.
- 30% were referred to their assigned social worker prior to their first visit to the treatment centre.

A formal evaluation of the pilot was undertaken between January 1, 2007 through March 31, 2007. Some highlights include:

- 89% of the individuals who received the PAC phone call expressed tremendous benefit.
- 87% of the individuals expressed a significant reduction in their anxiety.
- Nursing staff in both referral centres also noticed a marked drop in the number of phone messages left for them from patients and families.
- The Agency's Quality of Care Coordinator has experienced a drop in the number of concern phone calls received since this service has been offered.

Based on an evaluation of the program, the Agency believes we are on our way to meeting the objectives that were set for the PAC program.

Goal two: Effective health promotion and disease prevention

Prevention Program for Cervical Cancer
The Prevention Program for Cervical Cancer (PPCC) was introduced in August 2003. The PPCC provides a comprehensive population-based screening program for cervical cancer. Increasing participation in regular Pap testing and tracking follow-up of unsatisfactory and abnormal test results are central aspects of this organized approach.

Following are statistical highlights for the PPCC:

- The annual participation rate peaked in 2004, but has since began to fall slightly.
- The increase in participation in 2004 is due largely to the initiation of the PPCC and the corresponding mailing of reminder letters to women.

- Since that time, participation rates have fallen slightly due to women beginning to adhere to the three-year screening interval recommendation for those women who have had two normal Pap tests one year apart.
- The highest annual participation rate is for the 18-29 year age group at 45% in 2006.
- The Cervical Cancer Prevention and Control Network has proposed that participation be measured on a three-year cycle. Future monitoring of participation will include a measure of women having at least one Pap test in a three-year period.

Screening Program for Breast Cancer
The Screening Program for Breast Cancer (SPBC) is now in its 17th year of operation in Saskatchewan. Saskatchewan was one of the first provinces to introduce an organized breast screening program. The program is a provincial population-based program, targeting women 50 years of age and over. The goal of the program is to decrease mortality from breast cancer in Saskatchewan women. The program provides screening mammograms (breast X-ray) to women across Saskatchewan who do not have breast implants and are not on active follow-up for breast cancer. Screening mammography is provided on a two-year cycle for women without a history of breast cancer and on a yearly cycle for women with a family history of breast cancer. SPBC screens approximately 37,000 women every year. Approximately 55% of eligible women participated in the SPBC during 2003-04 and Saskatchewan has the highest participation rate in Canada.

See statistical information for the SPBC on the Agency's website at www.saskcancer.ca

Goal three: Retain, recruit and train health providers

Workforce Planning Indicators		Agency Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2006-07*	Provider Union (CUPE, SEIU, SGEU)	22.06	36.85	16.36 - 91.10	to be determined
	OOS/OTHER	0.00	3.46	0.00 - 16.92	to be determined
	Organization as a whole	17.19	42.47	17.19 - 131.56	to be determined
Number of sick leave hours per full time equivalent (FTE) by affiliation 2006-07	Provider Union (CUPE, SEIU, SGEU)	71.62	89.78	71.62 - 107.61	to be determined
	OOS/OTHER	37.85	47.34	27.68 - 61.46	to be determined
	Organization as a whole	64.15	84.12	64.15 - 93.63	to be determined
Number of lost-time WCB claims per 100 full time equivalents (FTEs) 2006-07		0.53	7.67	0.53 - 10.00	to be determined
Number of lost-time WCB days per 100 full time equivalents (FTEs) 2006-07		11.62	468.45	38.43 - 766.40	to be determined

Notes to the workforce planning indicator table:
The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

Goal four: A sustainable, efficient, accountable, quality health system

Provincial Department of Support and Development
A provincial Department of Support and Development has been created to provide focus and structure for the creation of a provincial clinical trials program, provincial oncology education program, provincial community development program and to support special projects aimed at improving how cancer services are delivered in the province.

An early accomplishment of this department has been the development and implementation of a provincial school of radiation therapy to provide consistent, high-quality academic and clinical training to the next generation of radiation therapists. These efforts will result in a continued supply of high-quality graduates who will be able to provide effective and efficient radiation therapy services to the patients of Saskatchewan and support our desire to enhance the quality of life of those living with cancer and lessen the likelihood of Saskatchewan residents dying from cancer.

Quality Indicators	Agency Value	Provincial Value	Range	Target
Activities undertaken in response to 2004 SCA Patient Satisfaction Survey results *2006-07*	see text below	not applicable	not applicable	to be determined

To support our desire to be a patient- and family-centred organization, the Agency began to implement components of the Institute for Healthcare Improvement (IHI) "Publicly Verifiable Elements of Patient and Family-Centred Care" - Draft #3 including:

- Populating operational committees with patients to ensure greater patient input into planning and delivery of cancer services. Examples include two patient representatives on the blood and marrow transplant working group, two patient representatives on the Saskatchewan Oncology Collaborative and one patient representative on the pharmacy and therapeutics working group.
- Incorporating the expectation for collaboration with patients and families in job descriptions.
- Patient and family advisory councils (a lay advisory committee started in 2006-07 in Saskatoon).
- Continued development of the Agency's website to provide specific resources for patients and families.
- Navigation programs for patients piloted.
- Tools being developed to support active participation in care (e.g., patient journals).

Financial Indicators	Agency Value	Provincial Value	Range [1]	Target
Surplus (deficit) *2006-07*	$6,259,062	not applicable	$90,050 - $7,861,926	to be determined
Surplus (deficit) as a percentage of actual operating expenditures *2006-07*	9.0	not applicable	0.1% - 9.0%	to be determined
Working capital ratio (current ratio) *2006-07*	1.81	not applicable	0.23 - 1.8	to be determined
Number of days able to operate with working capital 2006-07	13.54	not applicable	(61.97) - 28.71	to be determined

Note to the financial indicator table:
(1) Range values are based on data from final, unaudited financial statements.

- Since that time, participation rates have fallen slightly due to women beginning to adhere to the three-year screening interval recommendation for those women who have had two normal Pap tests one year apart.
- The highest annual participation rate is for the 18-29 year age group at 45% in 2006.
- The Cervical Cancer Prevention and Control Network has proposed that participation be measured on a three-year cycle. Future monitoring of participation will include a measure of women having at least one Pap test in a three-year period.

Screening Program for Breast Cancer

The Screening Program for Breast Cancer (SPBC) is now in its 17th year of operation in Saskatchewan. Saskatchewan was one of the first provinces to introduce an organized breast screening program. The program is a provincial population-based program, targeting women 50 years of age and over. The goal of the program is to decrease mortality from breast cancer in Saskatchewan women. The program provides screening mammograms (breast X-ray) to women across Saskatchewan who do not have breast implants and are not on active follow-up for breast cancer. Screening mammography is provided on a two-year cycle for women without a history of breast cancer and on a yearly cycle for women with a family history of breast cancer. SPBC screens approximately 37,000 women every year. Approximately 55% of eligible women participated in the SPBC during 2003-04 and Saskatchewan has the highest participation rate in Canada.

See statistical information for the SPBC on the Agency's website at www.saskcancer.ca

Goal three: Retain, recruit and train health providers

Workforce Planning Indicators		Agency Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2006-07*	Provider Union (CUPE, SEIU, SGEU)	22.06	36.85	16.36 - 91.10	to be determined
	OOS/OTHER	0.00	3.46	0.00 - 16.92	to be determined
	Organization as a whole	17.19	42.47	17.19 - 131.56	to be determined
Number of sick leave hours per full time equivalent (FTE) by affiliation 2006-07	Provider Union (CUPE, SEIU, SGEU)	71.62	89.78	71.62 - 107.61	to be determined
	OOS/OTHER	37.85 *	47.34	27.68 - 61.46	to be determined
	Organization as a whole	64.15	84.12	64.15 - 93.63	to be determined
Number of lost-time WCB claims per 100 full time equivalents (FTEs) 2006-07		0.53	7.67	0.53 - 10.00	to be determined
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Quality Indicators	Agency Value	Provincial Value	Range	Target
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Working capital ratio (current ratio) *2006-07*	1.81	not applicable	0.23 - 1.8	to be determined
Number of days able to operate with working capital 2006-07	13.54	not applicable	(61.97) - 28.71	to be determined

Note to the financial indicator table:

[1] Range values are based on data from final, unaudited financial statements.

Financial Summary

One of the major initiatives of the Agency in 2006-07 was to provide resources, mostly in the form of additional staff positions, to begin implementing the recommendations of the operational review and related clinical directional plans. Approximately $4 million was budgeted for this purpose. However, given the magnitude of the strategies for addressing the recommendations, the development of the implementation plans was not completed until mid-year. Due to the length of time required to recruit to the new positions and fill other vacancies, salaries and employee benefit expenses were significantly underbudget during this transition period.

Another major initiative of the Agency was to improve its effectiveness in managing pressures to fund emerging oncology drugs and indications (new uses for existing drugs). To accomplish this, a pharmacy and therapeutics working group was established to review drug coverage proposals, prioritize drugs based on the scientific evidence and make coverage recommendations. This group is now reviewing a backlog of drug coverage proposals. Since the Agency deferred approving new drugs and indications until these could be brought before the working group, drug expenses were underbudget.

The savings from these two initiatives being underbudget resulted in the Agency forecasting a surplus. This surplus provided an opportunity for Saskatchewan Health to reduce the amount of its operating grant to the Agency by $1.7 million and redirect those funds to other provincial cancer care initiatives. The Agency still finished the year with an operating surplus of $6.3 million (9% of actual operating expenses). Capital equipment purchases were also under budget, due mainly to the clinical management system project. Although the project was budgeted to be completed in 2006-07, this did not occur due to the complexity and scope of the project. Therefore, fewer costs were incurred during the year than budgeted.

The operating surplus, along with some of the accumulated surplus in the Operating Fund, provided a unique opportunity to address some essential capital requirements. As a result, $7.5 million was transferred to the Capital Fund to help fund a couple of major capital initiatives. An accumulated surplus of $3.1 million remains in the Operating Fund. The total unrestricted fund balance of all funds combined provides a good working capital position of fourteen days.

While a significant amount of capital funding has been received in recent years to replace and add new equipment, there is still some equipment that is quite old or at the end of its expected useful life. This equipment is at risk of failure and due for replacement. As advances in treatment technology continue to emerge, this creates pressure to acquire new equipment technology on a timely basis. The Agency monitors its equipment needs, allocates capital funding to high-priority areas and communicates additional funding requirements to Saskatchewan Health through the annual planning process. One of the recent outcomes of this process is the replacement of a linear accelerator at the Allan Blair Cancer Centre. The equipment was ordered at the end of the year and is scheduled to be in operation in the spring of 2008. Service contracts and in-house staff are used to maintain the equipment and maximize its useful life. Contingency plans have also been developed in the event of a prolonged breakdown of equipment.

The need for additional space to accommodate increasing workloads and expanding programs and services is an urgent priority. This need is most acute at the Saskatoon Cancer Centre, but is also becoming a pressure at the Allan Blair Cancer Centre. In the meantime, the Agency is exploring alternatives to address the facility space pressures including small renovation projects, alternative building space and changes to hours of operation.

The administration costs of support areas for the Agency's various programs and activities is 3.8% of operating costs. These costs are lower than normal due to the new quality and performance management division not being fully operational in 2006-07.

FUTURE OUTLOOK/EMERGING ISSUES

Collaboration at the Provincial and National Levels

Integration and coordination of cancer services at the regional, provincial and national levels will ensure ongoing improvements to cancer services resulting in better outcomes.

In Saskatchewan, cancer programs and services are provided by a number of different organizations and practitioners. Community-based family physicians and specialists, volunteer support groups, regional health authorities (RHAs), as well as the Agency, play vital, complementary roles in meeting the needs of Saskatchewan residents. With such a complex system of providers, the need for proper coordination and integration of services is a paramount consideration. This need for coordination and integration was highlighted in the recent operational review of the Agency and the subsequent redrafting of the Agency's legislation.

In order to accomplish this, it was determined that a formal mechanism would be needed to facilitate this important function. The Saskatchewan Oncology Collaborative was formed to fulfill this role. The Collaborative is made up of representatives from the Agency, Saskatchewan Health and the RHAs. Bringing a patient perspective to the Collaborative are representatives from the Canadian Cancer Society - Sask Division and the Allan Blair and Saskatoon Cancer Centre Lay Advisory Committees.

The Collaborative's purpose is twofold:

- Create a forum to improve outcomes on strategic directions, program consultation, planning, evaluation and implementation of strategies for cancer control in the province.
- Ensure a consistent approach to services and improve services available to cancer patients and their families through the development of strong relationships among the Collaborative members.

The immediate future will see the Collaborative playing a vital role in advising the boards of the Agency, the RHAs and the provincial government on ways and means of ensuring our province takes a unified, coordinated approach to cancer control.

At the national level, recent announcements of the creation and funding of the Canadian Partnership Against Cancer provides hope for improved coordination at the inter-provincial level. Last year, the federal government announced $250 million dollars in funding over five years to support the development of a national strategy for cancer control through a number of initiatives.

This five-year program will provide leadership with respect to cancer control in knowledge management and coordination of effort among provinces and territories, cancer experts, stakeholder groups and aboriginal organizations. Through activities in primary prevention and early detection, standards development, clinical practice guideline development, improving supportive care, encouraging cancer research and supporting the development of a national cancer surveillance system, it will champion changes to improve health outcomes related to cancer.

Colorectal Cancer Screening

The Agency is evaluating the feasibility and development of an organized screening program for colorectal cancer. Organized screening programs for colorectal cancer can lead to reductions in both the number of new cases and the number of deaths from colorectal cancer. The Canadian Cancer Society estimates that the establishment of an organized colorectal screening program will lead to a 17% decrease in colorectal cancer mortality.

The implementation of a comprehensive screening program will require thorough planning and detailed analysis to determine resource requirements, best practices regarding screening and follow-up, ways to target hard to reach populations, and information system requirements.

An advisory committee will be formed with representation from Saskatchewan Health, the Agency, Provincial Laboratory, General Medical Practice, Surgery, Radiology, Gastroenterology, the College of Physicians and Surgeons and other specialties as identified. This committee will be responsible for reviewing clinical, cost and outcome factors associated with the establishment of an organized screening program. It will also review options for implementation based on the Saskatchewan context and make recommendations based on its findings.

Drug Treatment Advances

All cancer organizations are experiencing both the excitement and the struggles associated with the rapid introduction of new drug technologies for the treatment of cancer. There continues to be a number of cancer drug treatment programs, including supportive cancer treatments, that are not funded by the Agency. It is expected that these funding pressures will continue to grow. The Agency is participating in the evaluation of a new multi-provincial initiative called the Joint Oncology Drug Review program that is looking at the harmonization of cancer drug reviews among the provinces. The Agency has also established a pharmacy and therapeutics working group to assess drugs and make recommendations for coverage.

Radiation Treatment Advances

Radiation treatment technology is changing at a rapid pace. Following are a few of the recent advances:

- *X-band Robotic Linear Accelerators*
  The Agency currently operates six linear accelerators to provide radiation treatment. These very large machines function in the S-band of radiofrequency. However, linear accelerators operating in the X-band of radiofrequency are now becoming available for clinical use. X-band linear accelerators have a much smaller waveguide, which allows them to be mounted on a robotic arm. Such robotic machines allow greater freedom of movement and can therefore treat a patient from many directions, increasing the dose to a tumour while reducing side effects.

- *Tomotherapy*
  This technology has been in clinical use for a few years and is currently available at a small number of cancer centres in Canada. In the coming years, it is anticipated that it will expand very rapidly. Tomotherapy is a smaller linear accelerator mounted on a CT-like support rotating very fast around the patient. The treatment couch also moves while the radiation treatment is delivered, helping to point the dose in the body where it is required. This technology provides very successful treatments to tumours that are wrapped around some critical organs such as the spinal cord, brain stem and eyes.

- *Proton Therapy Machines*
  Recent technological advances in proton therapy, over the conventional photon therapy, are making this new technology possible to be installed in cancer centres. Previously, it was only available at a few research labs. The advantage of proton therapy is tumour response to the proton beams is higher than the photon therapy. The capital cost of these machines is also decreasing.

GOVERNANCE AND TRANSPARENCY

Board Membership

The Agency is funded by the provincial government and is directed by a Board of Directors appointed by the Lieutenant Governor in Council, with representation from communities throughout the province.

Jon Schubert and Gordon Joyce from Regina and Denis Caron from Saskatoon were reappointed to the Board upon proclamation of the Agency's new legislation, *The Cancer Agency Act*. Each has served on the Board since November 2005. Carolyn Rebeyka, Douglas Finnie and Laura Kennedy from Saskatoon; Dr. J. Stewart McMillan and Moyez Somani from Regina; Mark Frison from Swift Current; Wayne Pearson from Prince Albert; and Dr. Walter Streelasky from Melville were appointed on January 2, 2007.

From left to right are Carolyn Rebeyka, Douglas Finnie, Denis Caron, Jon Schubert, Gordon Joyce, Mark Frison and Dr. J. Stewart McMillan. Missing from the photo are Wayne Pearson, Moyez Somani, Laura Kennedy and Dr. Walter Streelasky.

A sincere thank you to outgoing Board members for their years of dedicated service and commitment to the Agency and to cancer patients in the province: Audrey Ahenakew, Dr. William Albritton, Carol Beck, Diana Ermel, Mary Gilliland, Don Leitch, Dr. Fred Morris, and particularly to Gary Semenchuck who has served on the Board for eight years, the last four as chairperson.

Establishment of Working Groups

A number of working groups have been established to ensure appropriate program development, evaluation of quality services, sharing of information on cancer-related issues and assessing the impact of new and emerging technologies and new approaches to cancer care. Currently, there are working groups in the following areas:

- pharmacy
- radiation therapy
- blood and marrow transplants
- operational agreements
- community oncology services

The chairs of each working group are members of the Saskatchewan Oncology Collaborative and provide status reports and bring forward recommendations from their working groups to the Collaborative.

Payee Disclosure List

As part of government's commitment to accountability and transparency, Saskatchewan Health, the regional health authorities and the Agency disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Agency's 2006-07 Payee Disclosure List can be accessed at www.saskcancer.ca under Publications or can be obtained by calling the Agency's Head Office at 306-585-1831.

PERFORMANCE MANAGEMENT SUMMARY

In support of *The Action Plan for Saskatchewan Health Care,* Saskatchewan Health developed an *accountability framework* that defines and clarifies the performance relationship between the Saskatchewan Cancer Agency and the province. The accountability document articulates the department's expectations (both high-level organizational and program-specific) of the Agency for the funding that is provided. The associated measures/indicators are used in assessing if the Agency met, or is progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in the Agency's and each health region's annual report. For detailed indicator descriptions, please refer to the *Performance Management Accountability Indicators* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		Agency Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2007*		March 2006	not applicable	not applicable	to be determined
Number of client contacts with the Quality of Care Coordinator to raise a concern *2006-07*		102	not applicable	not applicable	to be determined
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2006-07*		99%	86%	66% - 99%	to be determined
Workforce Planning					
The number of positions sitting vacant for periods longer than six months *2006-07*		2	---	---	---
Distribution of health system full time equivalents (FTEs) by affiliation *2006-07*	Provider Union (CUPE, SEIU, SGEU)	295.04	not applicable	not applicable	to be determined
	OOS/OTHER	83.74			
	Organization as a whole	378.78			
Worked hours as a percentage of total hours by affiliation *2006-07*	Provider Union (CUPE, SEIU, SGEU)	80.7%	78.3%	73.1% - 80.7%	to be determined
	OOS/OTHER	80.5%	82.5%	76.4% - 84.5%	to be determined
	Organization as a whole	80.7%	78.1%	72.5% - 80.7%	to be determined
Number of clinical placements offered and taken within the region/SCA *[indicator to be developed]*		5	---	---	---

Indicator	Agency Value	Provincial Value	Range	Target
Capital				
Annual equipment maintenance costs as a percentage of annual equipment replacement costs *[indicator to be developed]*	...	...	...	...

Indicator		Agency Value ABCC	Agency Value SCC	Target
Community Oncology Program (COPS)				
Number of patients per region receiving chemotherapy treatments at a COPS centre *2006-07*	Sun Country	113	2	to be determined
	Five Hills	127	3	
	Cypress	80	40	
	Regina Qu'Appelle	46		
	Sunrise	147	40	
	Saskatoon	2	36	
	Heartland		20	
	Kelsey Trail	4	81	
	Prince Albert Parkland		114	
	Prairie North	1	150	
	Mamawetan Churchill River			
	Keewatin Yatthe			
	Athabasca Health Authority			

Indicator		Agency Value: Chemotherapy Treatments	Agency Value: Supportive Care Visits	Target
Community Oncology Program (COPS)				
Number of chemotherapy treatments and supportive care visits per region *2006-07*	Sun Country	643	219	to be determined
	Five Hills	567	60	
	Cypress	577	138	
	Regina Qu'Appelle	265	142	
	Sunrise	1,131	516	
	Saskatoon	281	25	
	Heartland	194	17	
	Kelsey Trail	505	241	
	Prince Albert Parkland	681	226	
	Prairie North	973	300	
	Mamawetan Churchill River	-	-	
	Keewatin Yatthe	-	-	
	Athabasca Health Authority	-	-	

Number of patients and patient treatment visit counts are based on the following:

- Manual counts from the COPS treatment orders of expected numbers - this is not a report of actual numbers. These totals are verified with the Agency pharmacy database of prescriptions sent to COPS centres.
- Patient treatment visits to COPS centres are for treatments where the patient received drug therapy.
- Patient treatment visits do not include visits where medication was not administered, i.e. blood work, CVL care and follow-up care. The above chart includes numbers for supportive care visits, which significantly increases actual workload.
- NOTE: At times, referrals to COPS centres are limited due to patient volumes, insufficient staffing levels and space issues requiring the return of the patients to the cancer centres for treatment. In 2006, services were limited or unavailable in the following COPS centres for a total of 85 days: Estevan, Kindersley, Melfort, Moose Jaw, Nipawin, Prince Albert, Swift Current, Weyburn and Yorkton.

Indicator	Agency Value	Target
Prevention Program for Cervical Cancer (PPCC)		
Proportion of female population aged 18-69 with at least one Pap test in the past 3 years *2006-07*	data currently not available	to be determined
Percent of target population reached through PPCC *2006-07*	data currently not available	to be determined
Research		
Number of patients by clinical trial *2006-07*	Cooperative studies accrued - 129 patients Pharmaceutical trials accrued - 31 patients Pediatric trials accrued - 22 patients Following 1,131 patients on adult trials Following 289 patients on pediatric trials	to be determined
Dollar value of successful grant applications by granting year *2006-07*	National Cancer Institute of Canada - $132,600 Canadian Institutes of Health Research - $577,475 Natural Sciences and Engineering Research Council of Canada - $84,297 Saskatchewan Cancer Agency - $247,224 Saskatchewan Health Research Foundation - $108,870 Other - $58,500	to be determined
Administrative		
Administrative expenditures (defined using MIS guidelines) as a percentage of total operating expenditures *2006-07*	3.8%	to be determined

Health Status Indicators

Cancer related statistical reporting on the following data will be available in the Saskatchewan Cancer Control Report - 2007 on the Agency's website at www.saskcancer.ca:

- incidence of specified cancers
- potential years of life lost for specified cancers
- mortality rates for specified cancers
- survival rates for specified cancers
- prevalence rates for specified cancers

REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and have been approved in principle by the Agency's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgements. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,

Bob Allen
Chief Executive Officer

Kevin Lacey, CA
Chief Financial Officer

May 23, 2007

2006-07 FINANCIAL STATEMENTS

Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Saskatchewan Cancer Agency as at March 31, 2007 and the statements of operations and changes in fund balances, and cash flows for the year then ended. The Agency's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Agency as at March 31, 2007 and the results of its operations and changes in fund balances, and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
May 23, 2007

Fred Wendel, CMA, CA
Provincial Auditor

Statement 1

SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Research Fund	Restricted Funds: Trust Fund	Total 2007	Total 2006 (Note 13)
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 6,320,715	$ 9,524,792	$ 436,468	$ 1,668,053	$ 17,950,028	$ 13,321,793
Accounts receivable:						
- Saskatchewan Health - General Revenue Fund	228,150	—	—	—	228,150	1,398,502
- Other	776,597	10,473	—	27,343	814,413	573,229
Inventory	2,323,191	—	—	—	2,323,191	1,475,506
Prepaid expenses	380,632	—	—	2,275	382,907	264,675
Due (to) from other funds	(514,695)	777,148	23,072	(285,525)	—	—
	9,514,590	10,312,413	459,540	1,412,146	21,698,689	17,033,705
Investments (Schedule 1) (Market $7,310,579; 2006 - $4,278,017)	5,408,700	710,699	—	1,002,435	7,121,834	4,106,004
Capital assets (Note 4)	—	23,719,418	—	—	23,719,418	26,312,386
Total Assets	$ 14,923,290	$ 34,742,530	$ 459,540	$ 2,414,581	$ 52,539,941	$ 47,452,095
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	$ 5,938,837	$ 120,237	$ 9,018	$ 97	$ 6,068,189	$ 3,097,806
Accrued salaries	843,384	—	—	—	843,384	2,136,900
Vacation payable	1,181,958	—	2,428	—	1,184,386	996,078
Deferred revenue (Note 7)	3,896,792	—	—	—	3,896,792	4,199,195
	11,860,971	120,237	11,446	97	11,992,751	10,429,979
Fund Balances						
Invested in capital assets	—	23,719,418	—	—	23,719,418	26,312,386
Externally restricted (Schedule 2)	—	725,460	448,094	1,680,732	2,854,286	2,423,602
Internally restricted (Schedule 3)	1,000,000	9,674,372	—	733,752	11,408,124	3,259,578
Unrestricted	2,062,319	503,043	—	—	2,565,362	5,026,550
Fund balances	3,062,319	34,622,293	448,094	2,414,484	40,547,190	37,022,116
Total Liabilities & Fund Balance	$ 14,923,290	$ 34,742,530	$ 459,540	$ 2,414,581	$ 52,539,941	$ 47,452,095

(See accompanying notes to the financial statements)

Statement 2

SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2007	Total 2006	Capital Fund 2007	Research Fund 2007	Trust Fund 2007	Total 2007	Total 2006 (Note 13)
REVENUES							
Saskatchewan Health - General Revenue Fund	$72,249,840	$65,792,928	$ 470,000	$ —	$ —	$ 470,000	$ 1,103,747
Saskatchewan Health Research Foundation	563,000	218,000	—	—	—	—	345,000
Health Quality Council	9,000	16,022	—	—	—	—	—
Grants	579,749	—	—	—	—	—	550,754
Donations and bequests	—	—	—	—	932,019	932,019	902,746
Investment income	634,515	296,785	104,974	4,665	102,327	211,966	461,041
Other revenues	1,369,320	846,670	6,758	—	—	6,758	173,206
	75,405,424	67,170,405	581,732	4,665	1,034,346	1,620,743	3,536,494
EXPENSES							
Salaries and employee benefits	37,345,644	33,971,201	—	—	—	—	1,069,604
Drugs and medical supplies	23,586,954	23,374,050	—	—	—	—	—
Purchased services	1,663,427	1,470,142	—	—	—	—	—
Other expenses	6,550,337	5,066,530	—	—	194,192	194,192	232,362
Research grants (Schedule 4)	—	—	—	233,562	—	233,562	327,475
Amortization	—	—	3,926,977	—	—	3,926,977	3,803,379
	69,146,362	63,881,923	3,926,977	233,562	194,192	4,354,731	5,432,820
Excess (deficiency) of revenues over expenses	6,259,062	3,288,482	(3,345,245)	(228,897)	840,154	(2,733,988)	(1,896,326)
Fund balances, beginning of year	4,648,842	1,361,427	30,361,344	66,572	1,945,358	32,373,274	34,268,533
Interfund transfers (Note 8)	(7,845,585)	(1,067)	7,606,194	610,419	(371,028)	7,845,585	1,067
Fund balances, end of year	$ 3,062,319	$ 4,648,842	$34,622,293	$ 448,094	$ 2,414,484	$ 37,484,871	$ 32,373,274

(See accompanying notes to the financial statements)

Statement 3

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	2007	2006	Capital Fund	Research Fund	Trust Fund	Total 2007	Total 2006
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**				
Excess (deficiency) of revenues over expenses	$ 6,259,062	$ 3,288,482	$ (3,345,245)	$ (228,897)	$ 840,154	$ (2,733,988)	$ (1,896,326)
Net change in non-cash working capital (Note 3)	1,652,497	2,414,036	(245,810)	(75,342)	194,678	(126,474)	(1,327,336)
Amortization of capital assets	—	—	3,926,977	—	—	3,926,977	3,803,379
(Gain) on disposal of capital assets	—	—	(6,758)	—	—	(6,758)	—
	7,911,559	5,702,518	329,164	(304,239)	1,034,832	1,059,757	579,717
Purchase of capital assets							
Buildings/construction	—	—	(115,614)	—	—	(115,614)	(603,389)
Equipment	—	—	(1,218,395)	—	—	(1,218,395)	(4,919,051)
Proceeds on disposal of capital assets							
Equipment	—	—	6,758	—	—	6,758	—
	—	—	(1,327,251)	—	—	(1,327,251)	(5,522,440)
Net disposal (acquisition) of investments	(3,015,830)	(80,170)	—	—	—	—	3,001,400
Net increase (decrease) in cash and short-term investments during the year	4,895,729	5,622,348	(998,087)	(304,239)	1,034,832	(267,494)	(1,941,323)
Cash & short-term investments, beginning of year	9,270,571	3,649,290	2,916,685	130,288	1,004,249	4,051,222	5,991,478
Interfund transfers (Note 8)	(7,845,585)	(1,067)	7,606,194	610,419	(371,028)	7,845,585	1,067
Cash & short-term investments, end of year	$ 6,320,715	$ 9,270,571	$ 9,524,792	$ 436,468	$ 1,668,053	$ 11,629,313	$ 4,051,222
Amounts in cash balances							
Cash & short-term investments	$ 6,320,715	$ 9,270,571	$ 9,524,792	$ 436,468	$ 1,668,053	$ 11,629,313	$ 4,051,222

(See accompanying notes to the financial statements)

SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

1 Legal Status of the Saskatchewan Cancer Agency

The Saskatchewan Cancer Agency commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. On January 2, 2007, this Act was superseded by *The Cancer Agency Act*. The Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and health care organizations.

The Agency is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2 Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant policies:

a) Fund accounting

The accounts of the Agency are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Agency including revenues received from Saskatchewan Health - General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Agency in capital assets. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The research fund is a restricted fund that supports the awarding of cancer research grants. The research fund includes revenues received from research donations transferred from the trust fund, monies transferred from the operating fund, and investment income of the research fund.

iv) Trust Fund

The trust fund accepts donations for contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at the lower of cost or market.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3 - 20 years
Equipment and furniture	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution if fair value can be reasonably determined.

f) Pension

Employees of the Agency participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Agency follows defined contribution plan accounting for its participation in the plan. Accordingly, the Agency expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3 Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2007	2006	Capital Fund	Research Fund	Trust Fund	Total 2007	Total 2006
(Increase) decrease in accounts receivable	$ 785,869	$(1,392,376)	$ 10,908	$ 88,927	$ 43,464	$ 143,299	$ 72,838
(Increase) in inventory	(847,685)	(517,243)	-	-	-	-	-
(Increase) decrease in prepaid expenses	(127,732)	(106,784)	-	5,305	4,195	9,500	(3,945)
(Increase) decrease in due (to) from other funds	245,360	438,986	(321,734)	(72,850)	149,224	(245,360)	(438,986)
Increase (decrease) in accounts payable	2,909,087	358,462	65,016	(1,515)	(2,205)	61,296	(1,029,885)
Increase (decrease) in accrued salaries	(1,210,157)	1,452,356	-	(83,359)	-	(83,359)	73,859
Increase (decrease) in vacation payable	200,158	93,352	-	(11,850)	-	(11,850)	(3,217)
Increase (decrease) in deferred revenue	(302,403)	2,087,283	-	-	-	-	-
	$1,652,497	$2,414,036	$ (245,810)	$ (75,342)	$ 194,678	$ (126,474)	$(1,327,336)

4 Capital Assets

	March 31, 2007			March 31, 2006
	Cost	Accumulated Amortization	Net Book Value	Net Book Value (Note 13)
Land and Improvements	$ 280,297	$ —	$ 280,297	$ 280,297
Buildings	20,042,939	16,852,918	3,190,021	3,155,066
Leasehold Improvements	11,813,784	5,926,565	5,887,219	6,183,122
Equipment and Furniture	33,020,023	18,658,142	14,361,881	13,324,554
Work-in-progress	—	—	—	3,369,347
	$ 65,157,043	$ 41,437,625	$ 23,719,418	$ 26,312,386

5 Commitments

a) Capital Assets Acquisitions

At March 31, 2007, commitments for acquisition of capital assets are $5,260,470 (2006 - $2,948,873).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2008	$ 212,959
2009	165,783
2010	90,649
2011	—
2012	—

6 Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, previously donated two cancer patient lodges in the Province to the Agency. Under the terms of an agreement with the Society, the Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Agency so long as they are operated as cancer patient lodges.

7 Deferred Revenue

Deferred Revenue	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Saskatchewan Health Initiatives				
Saskatchewan Health - General Revenue Fund				
- Aboriginal awareness training	$ 25,316	$ 5,150	$ 3,450	$ 23,616
- Professional development initiatives	28,139	912	27,013	54,240
- Quality workplace initiatives	15,886	12,774	27,012	30,124
- Needlestick education	18,593	18,593	—	—
- Drug & wait time initiatives	2,053,650	480,596	115,741	1,688,795
- Drug funding	2,038,025	—	—	2,038,025
Total Saskatchewan Health Initiatives	**4,179,609**	**518,025**	**173,216**	**3,834,800**
Non Saskatchewan Health Initiatives				
Other revenue received in advance	19,586	113,594	156,000	61,992
Total Non Saskatchewan Health Initiatives	**19,586**	**113,594**	**156,000**	**61,992**
Total Deferred Revenue	**$ 4,199,195**	**$ 631,619**	**$ 329,216**	**$ 3,896,792**

8 Interfund Transfers

Each year the Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants and reassigning fund balances to support certain activities.

	2007			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (7,503,158)	$ 7,606,194	$ (11,103)	$ (91,933)
Research grants	(342,427)	—	621,522	(279,095)
Total	$ (7,845,585)	$ 7,606,194	$ 610,419	$ (371,028)

	2006			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (1,067)	$ 206,980	$ (55,000)	$ (150,913)
Research grants	—	—	316,710	(316,710)
Total	$ (1,067)	$ 206,980	$ 261,710	$ (467,623)

9 Pension Plan

Employees of the Agency participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year amounted to $1,476,428 (2006 - $1,432,326) and is included in benefits.

10 Related Party Transactions

These financial statements include transactions with related parties. The Agency is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties. Other routine operating transactions with related parties are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2007	2006
Expenses		
Regina Qu'Appelle Health Authority	$ 2,849,765	$ 3,439,245
Saskatoon Regional Health Authority	3,311,380	3,571,699
Public Employees Pension Plan	1,476,428	1,424,446
Other related parties	2,966,916	2,146,610
Total related party expenses	$10,604,489	$10,582,000
Prepaid Expenses		
Workers Compensation	$ 84,424	$ 77,574
Other related parties	110,810	—
Total related party prepaid expenses	$ 195,234	$ 77,574
Accounts Payable		
Regina Qu'Appelle Health Authority	$ 837,286	$ 636,931
Saskatoon Regional Health Authority	993,729	742,187
Other related parties	723,196	200,287
Total related party payable	$ 2,554,211	$ 1,579,405

In addition, the Agency pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Agency is situated on land not owned by the Agency. The Agency is not charged for the use of this land.

11 Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest rate risk

The Agency is exposed to the following interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates:

- The interest rate risk for the Agency's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.
- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Agency's investment portfolio and its future cash flow needs, the Agency is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) Credit risk

The Agency is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Agency's receivables is minimal because they are mostly from the Saskatchewan Health - General Revenue Fund or other government organizations or suppliers with which the Agency has ongoing contractual relations. The credit risk for the Agency's investments and related accrued interest receivable is minimal because investments consist of corporate bonds, and provincial government bonds and debentures.

d) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying value of the following financial instruments approximate fair value due to their immediate or short-term nature:
  - Cash and short-term investments
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- For investments, the fair value is considered to approximate quoted market values.

12 Budget

Schedule 5 compares actual results to the 2006-07 budget plan approved by the Agency's Board of Directors on May 26, 2006.

13 Prior Period Adjustments

Change in Accounting Policy

During 2006-07, the Agency changed its accounting policy for the capitalization of assets. Previously, the Agency capitalized assets with a value equal to or greater than $1,000. Assets are now capitalized if they have a value equal to or greater than $1,500. This policy is consistent with industry standards and provides reliable and more relevant information, making the Agency's financial statements more comparable with other health care organizations. This change in accounting policy has been accounted for retrospectively with the comparative statements for 2005-06 restated. The effect of the change on 2005-06 and of the adjustment relating to periods prior to 2005-06 is shown below.

Effect on 2005-06

Capital Fund	
Increase in due (to) from operating	$ 36,613
(Decrease) in capital assets	$ (36,613)
Decrease in invested in capital assets	$ 36,613
(Increase) in unrestricted fund balance	$ (36,613)
Operating Fund	
(Increase) in due (to) from capital	$ (36,613)
Decrease in unrestricted fund balance	$ 36,613

Retrospective Restatement of Errors

During 2006-07, the Agency performed a physical inventory count of its capital assets. In reconciling the count results to its records, it determined that due to prior period errors, the amount of capital assets recorded in the financial statements of prior years was overstated by $672,589. The comparative numbers for 2005-06 have been restated to correct these errors with the effect of the restatement shown below. There is no effect in 2006-07.

Effect on 2005-06

Capital Fund	
(Decrease) in capital assets	$ (672,589)
Decrease in invested in capital assets	$ 672,589

Schedule 1

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INVESTMENTS
As at March 31, 2007

	Amount	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 11,117,405	—	4.00%	—
Long-term investments:				
Province of Saskatchewan Savings Bond	497,000	05/28/08	5.58%	5.50%
Province of British Columbia Bond	502,400	06/01/09	5.62%	5.70%
Province of Nova Scotia Bond	509,000	06/01/09	5.08%	5.40%
GE Capital Canada Bond	498,435	10/23/09	5.71%	5.65%
Royal Bank Step Up Bond	577,000	06/28/10	3.15%	3.15%
GE Capital Canada Fund Strip Bond	320,650	07/24/12	5.00%	5.00%
Province of Saskatchewan Savings Bond	504,000	12/03/12	5.21%	5.25%
Province of New Brunswick Bond	208,299	02/25/13	4.89%	5.50%
Bank of Nova Scotia Bond	489,250	05/12/14	6.13%	5.75%
Province of New Brunswick Bond	994,600	12/03/15	4.42%	4.30%
Province of Saskatchewan Savings Bond	2,021,200	08/23/16	4.42%	4.50%
	7,121,834			
Total restricted investments	$ 18,239,239			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 6,832,623	—	4.00%	—
Total unrestricted investments	$ 6,832,623			
Restricted & Unrestricted Totals				
Total cash and short-term investments	$ 17,950,028			
Total long-term investments	7,121,834			
Total Investments	$ 25,071,862			

Restricted Investments consist of: investments of the restricted funds, contingency reserve, and deferred revenues.

(See accompanying notes to the financial statements)

Schedule 2

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2007

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Capital acquisitions	$ 922,408	$ 470,000	$ (666,948)	$ —	$ 725,460
Research contributions	66,572	4,665	(233,562)	610,419	448,094
Trust Fund donations	1,434,622	622,752	(97,547)	(279,095)	1,680,732
Total	$ 2,423,602	$ 1,097,417	$ (998,057)	$ 331,324	$ 2,854,286

Schedule 3

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2007

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Contingency Reserve	$ 500,000	$ —	$ —	$ 500,000	$ 1,000,000
CMS Reserve [1]	2,248,842	—	(180,664)	—	2,068,178
Capital acquisitions	—	—	—	7,606,194	7,606,194
Trust Fund donations	510,736	411,594	(96,645)	(91,933)	733,752
Total	$ 3,259,578	$ 411,594	$ (277,309)	$ 8,014,261	$ 11,408,124

[1] The Agency is implementing a multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

(See accompanying notes to the financial statements)

Schedule 4

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2007

	2007	2006
Combined Radiation Therapy and Dendritic Cell Vaccine in Treatment of Well-established Tumors, Saskatoon	$ 93,506	$ 101,000
Role of Ankyrin3 in Receptor Mediated Endocytosis, Saskatoon	91,509	82,400
Characterization of the Metastatic Phenotype in Breast Cancer, Saskatoon	47,389	58,400
Effects of Lung Structure and Function on Dose, Saskatoon	12,261	—
CFI Leukemia Function Genomics Centre Grant, Saskatoon	—	49,865
Cell Density Dependent Regulation of SRC Gene Expression in Breast Cancer Cell Lines, Saskatoon	—	46,400
CFI Biomedical Beam Grant - Synchrotron, Saskatoon	—	25,000
High Risk Breast Assessment Clinic, Saskatoon	—	12,000
Hematology/Stem Cell Research Grant, Saskatoon	—	7,410
Total Grants	$ 244,665	$ 382,475
Breakdown		
Operating expenses	$ 233,562	$ 327,475
Capital expenditures	11,103	55,000
	$ 244,665	$ 382,475

(See accompanying notes to the financial statements)

Schedule 5

SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2007

	Operating Fund		Restricted Funds			
			Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES						
Saskatchewan Health - General Revenue Fund	$ 72,249,840	$ 74,057,631	$ —	$ —	$ —	$ —
Saskatchewan Health Research Foundation	563,000	563,000	—	—	—	—
Health Quality Council	9,000	16,000	—	—	—	—
Grants	579,749	719,379	—	—	—	—
Donations and bequests	—	—	—	—	932,019	692,100
Investment income	634,515	370,000	4,665	—	102,327	80,985
Other revenues	1,369,320	1,212,444	—	—	—	—
	75,405,424	76,938,454	4,665	—	1,034,346	773,085
EXPENSES						
Salaries and employee benefits	37,345,644	41,158,549	—	—	—	—
Drugs and medical supplies	23,586,954	27,985,258	—	—	—	—
Purchased services	1,663,427	1,532,534	—	—	—	—
Other expenses	6,550,337	6,262,113	—	—	194,192	274,693
Research grants (Schedule 4)	—	—	233,562	279,095	—	—
	69,146,362	76,938,454	233,562	279,095	194,192	274,693
Excess (deficiency) of revenues over expenses	6,259,062	—	(228,897)	(279,095)	840,154	498,392
Interfund transfers (Note 8)	(7,845,585)	(670,350)	610,419	221,095	(371,028)	(626,059)
Net increase (decrease) in fund balances	$ (1,586,523)	$ (670,350)	$ 381,522	$ (58,000)	$ 469,126	$ (127,667)

	Capital Fund	
	Actual	Budget (Note 12)
REVENUES		
Saskatchewan Health - General Revenue Fund	$ 470,000	$ 470,000
Investment income	104,974	39,000
Other revenues	6,758	20,000
	581,732	529,000
CAPITAL EXPENDITURES	1,334,008	4,957,633
(Deficiency) of revenues over expenditures	$ (752,276)	$ (4,428,633)
Interfund transfers (Note 8)	$ 7,606,194	$ 1,075,314

(See accompanying notes to the financial statements)

Schedule 6

SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2007

	2007							2006
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel & Sustenance Expenses	Other Expenses	CPP	Total	Total
Board Chair:								
Schubert, Jon [1]	$ 1,660	$ 2,200	$ -	$ 874	$ -	$ 82	$ 4,816	$ 1,589
Semenchuck, Gary [2]	7,470	3,000	488	1,036	-	557	12,551	26,558
Board Members:								
Ahenakew, Audrey [2]	-	1,800	400	1,227	-	-	3,427	2,457
Albritton, Dr. William [2]	-	400	-	-	-	-	400	200
Beck, Carol [2]	-	2,800	1,275	2,469	-	-	6,544	9,313
Caron, Denis	-	1,800	375	957	-	-	3,132	2,205
Ermel, Diana [2]	-	1,600	-	683	-	-	2,283	4,101
Finnie, Doug [3]	-	200	75	-	-	-	275	-
Frison, Mark [3]	-	200	150	391	-	-	741	-
Gilliland, Mary [2]	-	1,800	200	1,182	-	-	3,182	3,062
Heavin, Marion [4]	-	-	-	-	-	-	-	2,997
Herring, Dolores [4]	-	-	-	-	-	-	-	3,070
Joyce, Gordon	-	2,000	625	1,349	-	-	3,974	3,115
Kennedy, Laura [3]	-	-	-	-	-	-	-	-
Leitch, Don [2]	-	1,600	1,150	3,465	-	-	6,215	7,257
McMillan, Dr. Stewart [3]	-	400	-	-	-	-	400	-
Morris, Dr. Fred [2]	-	800	188	639	-	-	1,627	1,601
Pearson, Wayne [3]	-	400	188	569	-	-	1,157	-
Rebeyka, Carolyn [3]	-	-	-	-	-	-	-	-
Somani, Moyez [3]	-	200	-	343	-	-	543	-
Streelasky, Dr. Walter [3]	-	400	275	444	-	-	1,119	-
Total	$ 9,130	$ 21,600	$ 5,389	$ 15,628	$ -	$ 639	$ 52,386	$ 67,525

(1) New chairperson effective January 2, 2007
(2) Term ended effective January 1, 2007
(3) New board members effective January 2, 2007
(4) Term ended effective November 14, 2005

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES, AND SEVERANCE
For the Year Ended March 31, 2007

	2007					2006		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries Benefits and Allowances[1, 2]	Severance	Total
Robert Allen, Chief Executive Officer	$ 148,946	$ 2,085	$ 151,031	$ -	$ 151,031	$ 136,239	$ -	$ 136,239
Dr. David Popkin, Vice-President, Care Services-Clinical	364,862	-	364,862	-	364,862	369,782	-	369,782
Dr. Svein Carlsen, Vice-President, Research	130,497	-	130,497	-	130,497	123,645	-	123,645
Bill Morton, Vice-President, Corporate Services	117,073	-	117,073	-	117,073	98,952	-	98,952
Ivan Olfert, Vice-President, Care Services-Operations	110,655	-	110,655	-	110,655	92,859	-	92,859
Jon Tonita, Vice-President, Population Health & Cancer Control [3]	71,852	-	71,852	-	71,852	-	-	-
Dr. T. S. Goh, Exec Dir, Allan Blair Cancer Centre [4]	113,080	-	113,080	-	113,080	370,076	-	370,076
Huguette Coleman, Assoc. Exec Dir, Allan Blair Cancer Centre [4]	63,379	-	63,379	64,058	127,437	92,859	-	92,859
Dennis Karakochuk, Exec Dir, Human Resources [4]	61,251	-	61,251	57,446	118,697	92,859	-	92,859
Lois Harrison, Exec Dir, Prevention & Early Detection [4]	51,398	-	51,398	-	51,398	97,299	-	97,299
Kevin Lacey, Chief Financial Officer [4]	29,337	-	29,337	-	29,337	92,859	-	92,859
Judith Nurse, Exec Dir, Education & Corporate Affairs [5]	-	-	-	-	-	22,542	-	22,542
Total	$ 1,262,330	$ 2,085	$ 1,264,415	$ 121,504	$ 1,385,919	$ 1,589,971	$ -	$ 1,589,971

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments and any other direct cash remuneration.
(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc., as well as any other taxable benfits.
(3) This position took effect as of the July 19, 2006 reorganization date.
(4) Remuneration, benefits, allowance and severance for these positions is included up to July 19, 2006, at which time these positions ceased to be part of senior management.
(5) Judith Nurse retired on June 30, 2005.

(See accompanying notes to the financial statements)

INFORMATION

Saskatchewan Cancer Agency contact numbers:

Head Office (Regina) • 306-585-1831

Allan Blair Cancer Centre (Regina) • 306-766-2213

Regina Cancer Patient Lodge • 306-359-3166

Saskatoon Cancer Centre • 306-655-2662

Saskatoon Cancer Patient Lodge • 306-242-4852

Research (Saskatoon) • 306-655-2778

Fund Development • 306-766-2132

Prevention and Early Detection • Toll-free in Saskatchewan 1-800-667-0017

Quality of Care Coordinator (Client Representative) • Toll-free in Canada 1-866-577-6489

Public information available:

- Annual Reports
- Saskatchewan Cancer Control Report - Profiling Trends in Cancer, 1970-2001
- Saskatchewan Cancer Control Report 2004 - Profiling Cancer in Regional Health Authorities
- Saskatchewan Cancer Control Report 2007
- Saskatchewan Cancer Agency brochures

Visit our website • www.saskcancer.ca

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total $50,000 or more.

Abbs, Jenelle	$ 61,618
Aboo, Ismail	329,399
Ahmad, Imran	329,998
Ahmed, Shahid	272,359
Ali, S. Kaiser	370,703
Allen, Joanne	62,879
Allen, Robert	151,031
Alvi, Riaz	73,777
Anderson, Deborah	89,435
Andreas, J. Joe	71,865
Arnold, Florence	*153,930
Arsenault, Deborah	70,020
Ash, Sheila	52,420
Baisley, Julie-Ann	61,926
Barnardo, Christopher	64,109
Barss, Richard	71,071
Beckett, Craig	110,138
Behl, Monica	229,451
Belitski, Renee	85,971
Belous, Janice	60,825
Bernauer, Sandra	56,342
Berzolla, Wayne	52,208
Bichon, Carol	63,077
Bjorndahl, Sterling	84,302
Black, Megan	65,782
Bollinger, Susan	67,997
Bonham, Keith	91,783
Bonnell, Gabriel	50,690
Borsa, Shawna	61,277
Briggs, Sheri	71,881
Brydon, Lizabeth	58,436
Budz, Denise	88,517
Bunko, Ada	58,556
Burk, Geneva	61,082
Cadman, Patrick	123,784
Carlsen, Nancy	64,842
Carlsen, Svein	130,497
Carmichael, Karen	54,041
Carmichael, Linda	69,118
Chalchal, Haji	329,399
Choquette, Heather	63,157
Chow, Leissa	62,088
Christenson, Kendra	51,312
Cocarell, John	61,838
Coleman, Huguette	127,437
Colleaux, Dena	64,286
Cook, Darcy	58,520
Coulter, Sheila	85,617
Cowan, Lorna	62,911
Cranmer-Sargison, Gavin	76,184
Dagnone, Mary	64,062
Dahl, Melvin	52,322
Davis, Karen	75,395
Decker, Allison	67,963
Dergousoff, Stephanie	71,484
Derrick, Peter	72,255
Dewald, Carmen	63,709
Dickof, Peter	126,667
Doell, Heather	63,801
Dolata, Wojciech	126,387
Duchscher, Dana	72,471
Dwernychuk, Lynn	56,559
Edmunds, Laurie	64,732
Edwards, Trent	71,957
El-Gayed, Ali A.H.	328,948
Ell, Carol	62,384
Fibich, Christian	317,483
Fisher, Miriam	65,921
Fisher, Michel'e	89,490
Florizone, Jackie	57,662
Foote, Bertha	71,836
Fox, Pauline	62,450
Friesen, Kaethie	64,467
Galloway, Laurie	71,681
Gardiner, Donald	329,098
Garratt, Kevin	82,675
Gartner, Helen	56,486
Gesy, Kathy	96,793
Gloeckler, Ryon	72,237
Glover, Frances	56,618
Goh, Ten-Suan	390,680
Good, Carlene	62,028
Grossman, Jason	73,390
Gruber, Sasa	55,720
Gulutzan, Elaine	61,004
Haider, Kamal-Uddin	341,725
Hamilton, Susan	60,078
Hancock, Jennifer	65,020
Hanks, Jana	59,790
Haq, Mohammad	328,415
Harding, Kristie	59,957
Harrison, Lois	51,398
Hartz, Gayle	51,884
Hastings, James	54,527
Hautz, Jo-Anne	71,091
Heinrich, Arlene	63,365
Hill, Carol	63,452
Hordos, Janelle	66,712
Howell, Susan	61,446
Jancewicz, Miroslav	355,495
Johnson, Mary	54,262
Joseph, Kurian Jones	62,041
Judd, Alison	68,109
Juma-Anderson, Stella	55,220
Kaban, Susan	51,477
Karakochuk, Dennis	118,697
Kish, Donna	63,452
Kozie, Serena	62,271

Krakalovich, Helena	55,323
Kroeker, Dana	50,495
Kruger, Lana	72,281
Kulrich, Celia	70,552
Kundapur, Vijayanan	233,984
Lacey, Kevin	99,388
Ladyka, Colin	71,955
Langston, Danielle	58,738
Lapointe, J.R. Claude	126,667
Lauridsen, Debbie	52,651
Layton, Barbara	78,584
Leik, Sheritee	57,905
Little, Glenda	67,962
Lobzun, Kevin	68,690
Lohar, Pritesh	55,010
Luterbach, Sharon	60,026
MacDonald, Wanda	51,547
MacDonald, Colin	52,843
MacDonald, Janice	55,520
MacLennan, Iain	329,098
Mahmood, Shazia	257,535
Mbuyi, Felicien	145,798
McAllister, Rae	154,812
McGonigal, Raelene	60,094
McKenzie, Jennifer	60,328
Mensch, Jackie	72,795
Milligan, Laurey	55,616
Mitchell, Janet	55,381
Mohamed, Mohamed	348,746
Monteith, Jennifer	71,419
Morris, Joan	70,112
Morton, William	117,073
Moser, Laura	61,273
Mpofu, Christopher	348,275
Nilson, Linda	154,373
Nistor, Gail	52,019
Olfert, Ivan	110,655
Pacella, Juan	309,492
Patterson, Janet	68,262
Pearce, Laurie	51,608
Pelletier, Devon	65,014
Penley, Robert	70,554
Perry, Chantal	66,248
Pierlot, Joan	73,603
Pollock, Lenore	63,309
Popkin, David	364,862
Pryor, Rick	65,406
Raczynski, Joyce	65,166
Rapp, Dorothy	80,327
Rayson, Sandra	158,993
Reichert, Brian	80,992
Richards, Mardel	64,892
Robb, Karen	57,977
Runquist, Vaughn	113,029
Russell, Elaine	63,454
Sadikov, Evgeny	243,608
Salim, Muhammad	339,938
Sami, Amer	356,094
Saxinger, Sheila	52,205
Schlitz, Colette	65,792
Schmid, Matthew	66,080
Schmidt, Bruce	65,377
Schmidt, L. Marlene	61,226
Schwarz, Christopher	84,302
Sebastian, Shauna	61,588
Senft, Beverley	65,043
Sharp, Warren	78,584
Shiels, Ross	322,192
Sidhu, Narinder	136,681
Sigurdson, Jo Anne	52,207
Sirdar, John	63,888
Smith, LauraLee	63,476
Sorsdahl, Lisa	61,145
Stillborn, Joyce	64,522
Strautman, Cheryl	63,476
Stroeder, Ruth	59,454
Stuart, Heather	84,129
Stuckel, Renee	58,968
Svensrud, Leona	55,380
Sweet, Rhonda	71,965
Tai, Patricia	347,070
Templeton, Wendie	51,813
Thiesson, C. Scot	69,137
Tinline, Paula	63,144
Tonita, Jon	97,229
Tralnberg, Sandra	51,183
Usher, Barbara	65,077
Vachhrajani, Haresh	328,948
Van-Gemeren, Jacqueline	64,048
Voralia, Michael	344,336
Wacker, Steven	79,574
Walker, Vivian	107,278
Warren, Joyce	79,845
Watson, Felecia	53,230
Weber, Lorenz	58,578
Weber, Wendy	62,504
Weigel, Tamara	50,335
Westad, Anne	65,271
Whiting, Cheryl	79,967
Whittle, Alison	71,065
Wilson, Lois	58,610
Wood, Valerie	63,837
Xiang, Jim	109,523
Yadav, Sunil	535,741
Yuzik, Patricia	56,599
Zarkovic, Mirjana	160,093
Ziegler, William	126,667

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories	$ 2,103,943
Associated Radiologists of Saskatoon	105,518
Baxter Corporation	223,624
Berlex Canada Inc.	137,873
Biolyse Pharma Group	578,250
Brennan Office Plus	114,067
Canadian Medical Protective Association	66,962
Can-Med Healthcare	160,437
Canada Post Corporation	422,844
Canadian Pharmaceutical Distribution Network	14,273,497
Carmont Construction	76,315
CDW Canada Inc.	179,626
Diners Club International	86,082
Enzon, Inc.	84,413
GlaxoSmithKline	63,851
Grand & Toy Office Products	72,722
Hewlett-Packard (Canada) Co	78,678
Hospira Healthcare Corporation	70,609
Leader Post Ltd.	62,194
Marsh Canada Limited	87,188
Mayne Pharma (Canada) Inc	413,364
McKesson Canada	2,283,548
Momentum Healthware, Inc.	67,354
Niesner Properties Inc	93,100
Novartis Pharmaceuticals Canada	2,848,244
Nucletron Corporation	149,015
Parliament Place Holdings Ltd	74,654
Philips Medical Systems Canada	223,122
Prince Albert Parkland Health Region	59,105
Regina Qu'Appelle Regional Health Authority	2,849,765
Rivera, Dr. Oscar	73,964
Royal Bank VISA	95,911
Saskatchewan Association of Healthcare Organizations (SAHO)	175,312
Saskatchewan Property Management	363,236
Saskatchewan Telecommunications	57,025
Saskatoon Regional Health Authority	3,311,380
Siemens Canada Limited	87,248
Sigma Life Sciences Inc	1,327,600
Sunrise Regional Health Authority	70,970
Supreme Basics	69,767
Tangent Computer	86,361
University of Saskatchewan	137,730
Varian Medical Systems	641,780

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Minister of Finance	142,881
Public Employees Disability Income Fund - employer's share	69,306
Public Employees Pension Plan - employer's share	1,476,428
Receiver General for Canada:	
- Canada Pension Plan - employer's share	704,488
- Employment Insurance - employer's share	348,178
SAHO Core Dental Plan	147,532
SAHO Extended Health Care Plans	167,427
SAHO In-scope Health & Dental	611,930
Workers' Compensation Board	282,157

Saskatchewan
Cancer Agency

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Prevention and Early Detection
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